

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	SUPPORT BRACKET																					
Application Number :																						
Date :																						
First Named Applicant:	Mr. Perry Wade Schoneboom																					
Attorney Docket Number:	23077-00002																					
TOTAL FEE AUTHORIZED \$ 474																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as small entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375										
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EXTRA CLAIM FEES																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 31</td><td>11</td><td>2202</td><td>9</td><td>99</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 99</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 31	11	2202	9	99	Independent Claims : 3	0	2201	42	0	Subtotal For Extra Claims Fees: \$ 99			
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AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Deposit account number:	502197																					
Access Code	*****																					
Deposit name:	Foster Swift Collins and Smith PC																					
Deposit authorized name:	John M. Naber																					
Signature:	/John M Naber/																					
Date (YYYYMMDD):	2003-08-11																					